

PERMIT & CERTIFICATE REVIEW ROUTER

- ☐ Permit (no fee)
- ☐ Superseding Permit (no fee)
- ☐ Temporary Authorization (4 months or more - more than 1 time) (fee)
- ☐ Short-Term Authorization (4 months & under; one time only) (fee)

- ☐ Certificate (fees) Applicant pays ☐ Agency pays ☐
- ☐ Superseding Certificate Applicant pays ☐ Agency pays ☐
- ☐ Other: _____

WR Doc ID No.: _____

File No.: CS4-129470CL@2

Author/Date: ERIC HARTWIG / 8-10-12

QA/QC Review Group (Initial/date): _____

Y:\Staff\ _____

SharePoint > _____ n): water right document /
Permits / CS4-129470CL@2 Barkley

GWIS Mapping Review (review changes BEFORE final)

GWIS initials/date: ELH 8/13/12

GWIS remarks & edits (if more room is needed use back of page):

just add a comma

Date Letter sent to Applicant requesting fees (Cert):
(Admin sends letter; applicant has 30 days to respond)

Date fees received & document sent for recording (Cert):
(Admin sends letter/document/& check to State Auditor for recording)

Reviewer/Date _____
(Initial/Date if Temp/Short Term Auth is ready for POSTING to WEB)

Supervisor/Date JP 8/13/12
(Initials/Date indicate doc is ready for Mailing or Posting to WEB)

Section Mgr/Date MK 8/13/12
(Initials/Date indicate doc is ready for Mailing or Posting to WEB)

PDF emailed to WDFW 8/13/12

Date Letter mailed: 8/14/12
(Admin initial & date when doc is finalized & mailed/posted)

Date Temp/Short Term Authorization is posted on Web:
8/14/12 ss

Circle appropriate WRIA:

County:

TRIBE	WRIA
Colville Confederated Tribes	49 50 51 52 53 58 60 61
Yakama Nation	29 30 31 32 33 37 38 39 40
Both Tribes	45 46 47 48

Remarks, Special Instructions, Related Files:

Certified CCs: (Check application signatures)

CCs to anyone else? (Please list cc's & protestants):
If more room is needed, use back of page.

Aaron Talrose, Trout Unlimited
Paul LARiviere, WDFW
Philip Bigdon, YAKAMA NATION
Lois Trevino, Colville Conf Tribes

Minimum Flow River List? (Y:\Adm\Rivers)

Name of River _____
Add name to the appropriate River Data Source: ☐

Attachments:

- ☒ Your Right to Be Heard
- ☐ PTO appeal? No Your Right to Be Heard
- ☐ BC, CC, PA forms _____
- ☒ Water Measurement Requirements & Form 1
- ☐ Fish Screening Criteria
- ☐ Important Information Sheet (Permits)
- ☐ Other: _____

7009 2250 0004 4952 1804

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Here

Sent To: Craig Boesel, BARLEY IRRIGATING Co.
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4 CS4-129470CL@2

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CRAIG BOESEL
 BARLEY IRRIGATING COMPANY
 14 BEAR CREEK RD
 WINTHROP WA 98862

WR/ss Short Term Auth CS4-129470CL@2

2. Article Number
 (Transfer from service label)

7009 2250 0004 4952 1804

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Craig Boesel ☐ Agent ☐ Addressee

B. Received by (Printed Name) Craig Boesel C. Date of Delivery 8/15/12

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes